IN THE UNITED	STATES DISTRICT COURT							
FOR THE DISTRICT OF DELAWARE								
DUANE URBAN, BRIAN SMITH,	) )							
Plaintiffs,	)							
v.	) Civil Action No. 08-260-GMS							
HOWARD R. YOUNG CORRECTIONAL INST/STAFF & CORRECTIONS, MEDICAL COMMITTEE, MENTAL HEALTH COMMITTEE,	) ) ) ) )							
Defendants.	)							
	ORDER							

- 1. The plaintiffs, Duane Urban, SBI #468622, and Brian Smith, SBI #596768, are <u>pro se</u> litigants who are presently incarcerated, and have filed this action pursuant to 42 U.S.C. § 1983 without prepayment of the filing fee.
- 2. Consistent with 28 U.S.C. § 1915(a)(1), only plaintiff Duane Urban has submitted an affidavit stating that he has no assets with which to prepay the filing fee. Based on the affidavit, his request to proceed in forma pauperis is granted.
- 3. Notwithstanding the above, pursuant to 28 U.S.C. § 1915(b)(1), the plaintiffs are jointly and severally liable for the filing fee and shall be assessed the filing fee of \$350.00. In order to determine the schedule of payments of the filing fee, plaintiff Brian Smith shall submit to the Clerk of Court, a request to proceed in forma pauperis. Each plaintiff shall submit a certified copy of his trust fund account statement (memorandum or institutional equivalent, with attachments)

month period, immediately preceding the filing of the complaint, obtained from the appropriate official at the institution at which the plaintiff is confined. FAILURE OF THE PLAINTIFFS TO RETURN THE REQUESTED INFORMATION WITHIN 30 DAYS FROM THE DATE THIS ORDER IS SENT SHALL RESULT IN DISMISSAL OF THIS ACTION WITHOUT PREJUDICE.

- 4. Unless the Court determines from each plaintiff's financial information that he has no assets whatsoever, an initial partial filing fee of 20 percent (20%) of the greater of the plaintiff's average monthly deposit or average monthly balance in the trust fund account shall be required to be paid before the court reviews the complaint. NOTWITHSTANDING ANY PAYMENT MADE, THE COURT SHALL DISMISS THE CASE IF THE COURT DETERMINES THAT THE ACTION IS FRIVOLOUS OR MALICIOUS, FAILS TO STATE A CLAIM UPON WHICH RELIEF MAY BE GRANTED, OR SEEKS MONETARY RELIEF AGAINST A DEFENDANT WHO IS IMMUNE FROM SUCH RELIEF.
- 5. Pursuant to 28 U.S.C. § 1915(g), if the plaintiff has had three or more actions dismissed by the Court on the grounds that they were frivolous, malicious, or failed to state a claim upon which relief may be granted, then the Court shall deny the plaintiff leave to proceed in forma pauperis in all future suits filed without prepayment of the filing fee, unless the Court determines that the plaintiff is under imminent danger of

serious physical injury.

DATED: May 16, 2008

United States District Judge

MAY 1 6 2008

U.S. DISTRICT COURT DISTRICT OF DELAWARE

AO 240 (Rev 10/03) DELAWARE (Rev 5/06)

## UNITED STATES DISTRICT COURT

	Disintiff	ADDITION TO DDO	CEED	
	Plaintiff V.	APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT		
	Defendant(s)			
		CASE NUMBER: 08-260 GMS		
I,		declare that I am the (check appro	opriate box)	
	Petitioner/Plaintiff/Movant			
28 U	e above-entitled proceeding; that in support of my req SC §1915, I declare that I am unable to pay the cosht in the complaint/petition/motion.			
In su	pport of this application, I answer the following ques	ions under penalty of perjury:		
1.	Are you currently incarcerated?	☐ No (If "No" go to Question 2)		
	If "YES" state the place of your incarceration			
	If "YES" state the place of your incarceration  Inmate Identification Number (Required):			
			_	
	Inmate Identification Number (Required): Do you  Are you employed at the institution? Do you  Attach a ledger sheet from the institution of you	u receive any payment from the institution	on?	
2.	Inmate Identification Number (Required): Do you Are you employed at the institution? Do you Attach a ledger sheet from the institution of you six months.	u receive any payment from the institution	on?	
2.	Inmate Identification Number (Required): Do you are you employed at the institution? Do you attach a ledger sheet from the institution of you six months.	u receive any payment from the institution in the i	on? on wer the past	
2.	Inmate Identification Number (Required): Do you six months.  Are you currently employed?  Yes   If the answer is "YES" state the amount of the institution of your state of the institution of your six months.	u receive any payment from the institution rincarceration detailing all transaction.  No  Your take-home salary or wages and paying longer.  I last employment, the amount of your take-	on? as over the past y period	
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	Are you employed at the institution? Do you six months.  Are you currently employed?  Yes   a. If the answer is "YES" state the amount of and give the name and address of your end.  b. If the answer is "NO" state the date of your salary or wages and pay period and the name and solutions.	u receive any payment from the institution rincarceration detailing all transaction.  No  Your take-home salary or wages and payon ployer.  I last employment, the amount of your take and address of your last employer.  The property of the following sour wages and payon ployer.	on? on period  ake-home	
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	Are you employed at the institution? Do you six months.  Are you currently employed?  Yes a. If the answer is "YES" state the amount of and give the name and address of your end and you wages and pay period and the name and address, profession or other self-employed.	u receive any payment from the institution of incarceration detailing all transaction.  No  Syour take-home salary or wages and payor last employer.  I last employment, the amount of your take and address of your last employer.  By money from any of the following sour ment  Yes  Yes	on?  so over the past  y period  ake-home  rees?	
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2.	Inmate Identification Number (Required): Do you  Attach a ledger sheet from the institution of your six months.  Are you currently employed?  Yes  a. If the answer is "YES" state the amount of and give the name and address of your erfollows alary or wages and pay period and the name in the past 12 twelve months have you received at a. Business, profession or other self-employ b. Rent payments, interest or dividends c. Pensions, annuities or life insurance payments.	u receive any payment from the institution rincarceration detailing all transaction.  No  Your take-home salary or wages and pay apployer.  I last employment, the amount of your take and address of your last employer.  The property of the following sour ment	on?  sover the past  y period  ake-home  ces?  No No No	

received AND what you expect you will continue to receive.

	P. Reverse (Rev. 10/03) /ARE (Rev. 5/06)					
4.	Do you have any cash or checking or savings accounts?		Yes	□ No		
	If "Yes" state the total amount \$					
5.	Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other					
	valuable property?		Yes	□ No		
	If "Yes" describe the property and state its value.					
6.	List the persons who are dependent on you for support, state your relationship to each person and					
	indicate how much you contribute to their support, OR state NONE if applicable.					
	I declare under penalty of perjury that the above informa	tion is two and so	rraat			
	i declare under penanty of perjury that the above informa	tion is true and co.	rrect.			
	DATE SIGNA	TURE OF APPLIC	CANT			

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.